UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

16CV 6835

John GRAY
AKA John Chisolm

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

KARin Kemp MPH, CASAC
Residential INtake SupeRvisoR
HaRbor House

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Jury Trial: ☐ Yes ☑ No
(check one)

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S.D. OF N.Y.

I. **Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name John GRAY AKA John Chisolm
ID # 349-16-03325
Current Institution AMKC-95
Address 18-18 Hazen Street
EAST Elmhurst, NY, 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name KARin Kemp, SupeRvisoR Shield # ______
Where Currently Employed HaRboR House
Address 760 East 160th StReet
BRonx, NY 10456

Defendant No. 2 Name ______________________ Shield #______
Where Currently Employed ______________________
Address ______________________

Defendant No. 3 Name ______________________ Shield #______
Where Currently Employed ______________________
Address ______________________

Defendant No. 4 Name ______________________ Shield #______
Where Currently Employed ______________________
Address ______________________

Defendant No. 5 Name ______________________ Shield #______
Where Currently Employed ______________________
Address ______________________

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

While I WAS in GMDC-73

B. Where in the institution did the events giving rise to your claim(s) occur?

IN the Social SERVICES AREA

C. What date and approximate time did the events giving rise to your claim(s) occur?

on 12/15/15, APPROX. 10Am - 11 30 Am - first occurrence then on 2/2/16, IN her office, then on 4/29/16

D. Facts: I was denied admission to harbor House because of my Religious Rights, because I Refuse to Shave my beard. I Stated at Harbore house that I am a muslim and its against my Religious

What happened to you?

Karin Kemp, Supervisor, Stated that I agreed to Shaving my beard for admission into Harbor House, Ms. Kemp, Lied then tried to discredit me from entering into Another program. I Never agreed to any policy, because I Am a muslim.

Who did what?

Was anyone else involved?

NO

Who else saw what happened?

Parole officer Hamilton, was an witness to Kemp's Statement

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Mental Stress and Anxiety

Change in medication

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ✓ No ____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). GMDC-73

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ✓ No ___ Do Not Know ___

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ___ No ✓ Do Not Know ___

If YES, which claim(s)? ___

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ___ No ✓

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ___ No ✓

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? to Harbor house

1. Which claim(s) in this complaint did you grieve? discrimination and making false accusation

2. What was the result, if any? Never any Response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. none

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: ___

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: ______

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. ______

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). that KARin Kemp be held accountable for her actions, as well as Harbor House. KARin Kemp, Supervisor be Removed from her present position and that I be Compensated for her Actions against Muslims.

$500.000.00 - discrimination

$500.000.00 - Mental & puntive damage

VI. **Previous lawsuits:**

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ✓

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff ______

Defendants ______

2. Court (if federal court, name the district; if state court, name the county) ______

3. Docket or Index number ______

4. Name of Judge assigned to your case ______

5. Approximate date of filing lawsuit ______

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition ______

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) ______

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff ______

Defendants ______

2. Court (if federal court, name the district; if state court, name the county) ______

3. Docket or Index number ______

4. Name of Judge assigned to your case ______

5. Approximate date of filing lawsuit ______

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition ______

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) ______

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of July, 2016

Signature of Plaintiff John Gray

Inmate Number 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

Institution Address 18-18 Hazen St
East Elmhurst
New York 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 30 day of July, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: John Gray

(4)

Argus Community, Inc.

ACCESS I, ACCESS II, ACT I
Harbor House, Harbor House II, Elizabeth L. Sturz Outpatient Center, ACRI
YID, Striver House, ARU, Prometheus CDTP, CDTP II
760 East 160th Street • Bronx, NY 10456 • Tel: 718-401-5700 • Fax: 718-993-5308
www.arguscommunity.org

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In Memoriam:
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Elizabeth Sturz
Cassandra Prentice, CASAC
Willie Speight, MHS, CASAC

Clinical Affairs:
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David Tribich, Ph.D.
Leonardo Vando, MD.
Sapphire Ahmed, MD.
James Dahl, Ph.D.

4/29/2016

PO Castillo
NYS Parole
314 W. 40th st
NY, NY 10018

Re: John Chisholm aka Gray

Dear PO Castillo:

This letter is written to confirm that John Chisholm arrived in my office on 2/2/2016 for admission to Harbor House. I had screened Mr. Chisholm over the phone on 12/15/15 and explained our grooming policy which included the requirement that men be clean shaven. At that time, Mr. Chisholm said that he understood and agreed to the policy. However, on 2/2/16 he said he was unwilling to comply. Despite our efforts to convince him otherwise, he decided to end the admission process. We called the supervising parole officer and Mr. Chisholm was instructed by parole to seek overnight shelter at 30th Street Men's Shelter and to report to the parole officer the following morning. Mr. Chisholm was provided with a 2 ride metro card and directions to the shelter.

Due to the constraints of our staff scheduling, I will be unable to appear at Mr. Chisholm's upcoming hearing.

Warm Regards,

Karin Kemp MPH, CASAC
Residential Intake Supervisor
Striver House, Harbor House I & II

John Gray
593 Oak Terrace #3D
Bronx NY. 10454
c/o Scott

CERTIFIED MAIL

7010 0290 0000 7947 4952

Pro-se

United States District Court
Southern District of New York
500 Pearl Street
New York, NY. 10007

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